PTO/SB/22 (10-04) Approved for use through 7/31/2006. OMB 0651-0031

Under the Reperwork Reduction Act of 1995, no persons are requ	ired to respond to a collection	n of information unless if displ	PARTMENT OF COMMERCI lays a valid OMB control number					
PETITION FOR EXTENSION OF TIME UNDER FY 2005  (fees effective on or after October 1,	Docket Number (Optional) 532212000200							
Application Number 09/928,04	47	Filed Au	Filed August 10, 2001					
For CYCLASE INHIBITING PARATHYROID HORMONE ANTAGONISTS OR MODULATORS AND OSTEOPOROSIS								
Art Unit 1646	Examiner	D. Jiang						
This is a request under the provisions of 37 CFR 1 identified application.		•	,					
The requested extension and fee are as follows (ch	neck time period desi	red and enter the app	propriate fee below):					
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$110.00	Small Entity Fee \$55.00	\$					
X Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$ 225.00					
Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$					
Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$					
Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$					
	s attached. o charge fees in this a	be required, or credit	t any overpayment, to eet. Fee Transmittal					
I am the applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
attorney or agent of record.	Registration Number	r						
x attorney or agent under 37 (	. ,							
Registration number if acting under 37 CFR 1.34(a)		44,422	·					
Signature		December 13, 2004  Date						
Michael G. Smith	-							
Typed or printed name	(858) 720-5100 Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of than one signature is required, see below.  X Total of 1 forms are sub-		esentative(s) are required. S	ubmit multiple forms if more					

12/17/2004 MMEKONEN 00000015 031952 09928047

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225.00 DA

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TANK!	"								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known							
FEE TRANSMITTAL for FY 2005		Application Number							
		Filing Date		August 10. 2001					
			First Named Invento		L. CANTO	R			
Applicant claims small entity status. See 37 CFR 1.27		CED 1 27	Examiner Name	D. Jiano	l				
-				Art Unit	1646				
TOTAL AMOUNT O		(\$) \$225	.00	Attorney Docket No.	532212	000200			
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account Deposit Account Number:03-1952    Deposit Account Name:Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATI	ON								
1. BASIC FILING	, SEARCH, AN	ID EXAMINAT	ION FEE	S					
	FILING FEES		SEARCH	FEES	EXAMINATION	FEES			
Application Type	FEE (\$)	Small Entity Fee (\$)	<u>Fee(\$)</u>	Small Entity Fee (\$)		all Entity ee (\$)	Fees Paid (\$)		
Utility	300 200	150 100	500 100	250 50	200	100 _			
Design Plant	200	100	300	50 150	130 160	65 80			
Reissue	300	150	500	250		300 -			
Provisional	200	100	0	0	0	0 _			
2. EXCESS CLAI	M FEES								
Fee Description						Fee(\$	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25									
•		r Reissues, each	n independe	ent claim more than ir	the original paten				
Multiple dependent of Total Claims		a Claims	Fee (\$)	Fee Paid (\$)	Multin	360 le Depender			
·	20 or HP	x	1 66 (4)	=	Fee (\$)		Fee Paid (\$)		
				<del></del>					
HP + highest numb Indep. Claims		. •		For Doid (A)					
	20 or HP	X	ree (a)	<u>Fee Paid (\$)</u> =	1		•		
					_				
HP + highest number of independent claims paid for, if greater than 3									
3. APPLICATION		aveced 100 ek	anto of no	the semilestics	i foo due is	<b>6</b> 250 /6425	for amali autital		
				aper, the application ee 35 U.S.C. 41(a)(			ior small entity)		
Total Sheets	Extra Sh	eets	Number of	each additional 50 or f	raction thereof	Fee (\$)	Fee Paid (\$)		
-	100 =	/ 50 =		(round up to a whole	number) x		=		
4. OTHER FEE(S	<u> </u>			-					
Non-English Specification, \$130 fee (no small entity discount)									
Other: Petition for 2 months Extension of Time Under 37 CFR 1.136(a) FY 2005 \$225.00									
SUBMITTED BY									
<u> </u>	VIA 11	1/2	1/51	Registration No.	44.400		050 500 5110		
Signature	Much	WJL	Jessett !	(Attorney/Agent)	44,422	Telephone	858/720-5113		
Name (Print/Type)	Michael G. S	Smith	, ~	•		Date	12/13/2004		